

THE EVOLUTION OF PANCREATIC CANCER CARE

Virginia Piper Cancer Institute Pancreatic Diseases Program

The management of pancreatic cancer and other pancreatic neoplasms has evolved greatly in the past ten years. The accuracy of preoperative diagnosis, improved surgical outcomes and medical treatment options are changing the outlook for these patients.

Abbott Northwestern Hospital's Virginia Piper Cancer Institute (VPCI) has assembled a **multidisciplinary** group of physicians, surgeons, nurses and allied health professionals dedicated to improving the outcome of patients with pancreatic cancer. The team works together to provide efficient evaluations and comprehensive care for patients with all stages of pancreatic cancer.

The Pancreatic Cancer Program members are dedicated to advancing the care of pancreatic cancer patients through **coordinated care and clinical research**. All of our patients are considered for inclusion in national protocols for serum and tumor banking – contributing to the basic science of pancreatic cancer research. We also offer the most current clinical trials for patients at all stages of the disease.

Evaluation and Diagnosis of Pancreatic Masses

Contrast enhanced pancreas protocol CT (or MRI/MRCP) is the **cornerstone diagnostic test** in the evaluation of suspected pancreatic tumors. Indeed, obtaining axial imaging before ERCP affords the best opportunity to demonstrate a mass, any vascular involvement, and metastatic disease if present. All these findings affect resectability and help direct the need for further endoscopic interventions. A **serum CA19-9** should also be sent. This tumor marker, though not proof of the presence or absence of malignancy can be useful in following a patient's response to therapy.

Accurate staging is essential to directing therapy. When non-surgical disease is documented in the setting of biliary obstruction, a metal stent is placed at ERCP. Metal stents provide better long-term palliation when compared with plastic stents. If the CT findings are favorable for surgical intervention, the **endoscopic ultrasound is the next most important study**.

Endoscopic ultrasound (EUS) is a minimally invasive method to diagnose and stage all forms of pancreatic neoplasms. EUS is performed only by specifically trained gastroenterologists with a special interest and expertise in the care of pancreatic disorders. The fidelity of the images is exceptional and the technique allows for image-guided biopsies of tumors, lymph nodes, peritoneal fluid and even liver lesions. EUS with FNA biopsy is highly accurate and is more effective in determining surgical resectability than CT alone. This is especially true with confirmation of metastatic disease not seen on CT. With EUS, the following information is obtained to help direct surgery:

- 1) tissue diagnosis
- 2) presence of regional and distant lymphadenopathy (including low volume ascites and small liver metastases)
- 3) tumor invasion and relationships with blood vessels.

EUS should be considered for all patients with pancreatic neoplasms in whom surgery is being considered and for whom a tissue diagnosis is needed to direct therapy.



Federico Rossi, MD, performing an EUS in the Center for Advanced Endoscopy.

Our staff of dedicated gastroenterologists, surgeons, radiologists and GI pathologists are available for immediate consultation. To discuss a case or to make a referral to the VPCI Pancreatic Cancer Team call **612-863-7553**.

You can also visit our Web site at:
www.abbottnorthwestern.com/vpci.

Multidisciplinary Management

Our specialist team approach allows for the efficient evaluation of patients with pancreatic lesions. Multidisciplinary evaluations help expedite the diagnostic process and clarify the therapeutic options. Clear contraindications to surgical resection include remote metastases (commonly liver, distant lymph nodes, lungs and peritoneum) or unreconstructible vascular invasion.

Some patients have locally advanced disease (venous invasion), for which **neoadjuvant chemoradiotherapy** could improve the efficacy of surgery. The goal of neoadjuvant chemoradiotherapy is the down-staging of the tumor. This approach requires careful attention to symptom management and nutrition. VPCI's clinical oncology dietitian works with physicians and patients to optimize the outcome of this challenging therapeutic approach.

Our multidisciplinary approach to pancreatic cancer affords our patients all options for management of their disease. Our team of surgeons, radiologists, oncologists and pathologists meets regularly to review our patients' progress through therapy. The nurse coordinator guides patients through all components of their care.

Surgery for Pancreatic Cancer

The outcomes of surgery for pancreatic cancer have improved greatly in the past ten years. Timothy Sielaff, MD, PhD, FACS, is the medical director of the Virginia Piper Cancer Institute and lead pancreatic surgeon. He advocates for minimally invasive diagnostic and therapeutic approaches to pancreatic cancer, including diagnostic laparoscopy and laparoscopic pancreatic resection.

VPCI is a **high volume center for pancreatic resection**. We use a team approach to perioperative care that includes a nurse coordinator, cancer dietitian, oncology social worker, and a dedicated group of hospital nurses who are expert at caring for these complex patients. All of our resources are mobilized for the patient and family from the initial clinic appointment through completion of therapy. Our **Cancer Rehabilitation Clinic** and **Palliative Care Services** are also available to our patients throughout all phases of recovery and restoration of function.

The benefits of this approach are demonstrated in our outcomes for surgical resections including pancreaticoduodenectomy (Whipple operation). Our mean hospital length of stay for patients undergoing Whipple operations is less than nine days, with a median blood transfusion and ICU utilization of zero. It is the strength of a team that yields these excellent outcomes.

Research and Clinical Care

The staff at VPCI is dedicated to improving the future of patients with pancreatic cancer. This can be achieved only through research. VPCI is a member of the **Pancreatic Cancer Research Team (pcrt.org)**, a group dedicated to rapidly advancing the field of pancreatic cancer care through basic research and new drug investigation. Over 80 percent of our surgical patients are participating in clinical studies and we offer some of the most promising new agents for clinical evaluation. VPCI and our partners in **Minnesota Oncology Hematology PA (MOHPA)** and **Minnesota Radiation Oncology** are involved in multiple cooperative group trials for the care of pancreatic cancer patients with all stages of disease. *This dedication to clinical research provides our patients with the most current therapeutic options but will also help improve the outlook for future patients with pancreatic cancer.*

Pancreas and Biliary Team

Gastroenterology

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Surgery

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Virginia Piper Cancer Institute Associates

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- Minnesota Oncology Hematology, P.A.
- Minnesota Radiation Oncology Group, P.A.
- Surgical Specialists of Minnesota



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